

# ATTACHMENT 2

The following table lists Medicaid-covered oxygen-related procedure codes, effective for dates of service (DOS) on and after July 1, 2003. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a key to the allowable modifiers, provider types, and place of service codes.

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR, QE	\$3.40/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
		RR	\$6.80/day						
		RR, QG	\$10.20/day						
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		\$132.63	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		\$287.15	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$1.81/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$1.81/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter		\$1,162.91	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR, QE	\$3.40/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Includes contents. Not separately reimbursable on same DOS as E0441, E0442, E0443, or E0444.
		RR	\$6.80/day						
		RR, QG	\$10.20/day						

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		\$447.26	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit		\$103.80/mo	\$3.00	Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	For recipient- or nursing home-owned systems only.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit		\$103.80/mo	\$3.00	Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	For recipient- or nursing home-owned systems only.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit		\$18.20/mo	\$1.00	Yes, after 30 days	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit		\$18.20/mo	\$1.00	Yes, after 30 days	No	24, 26, 44, 48, 54, 58, 65, 95	11, 12, 99	
E0455	Oxygen tent, excluding croup or pediatric tents		\$1,014.65	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$1.11/day		Yes, after 60 days				
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery		\$782.80	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$2.71/day		Yes, after 60 days				
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter		\$26.84	\$2.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery		\$113.67	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$0.67/day		Yes, after 60 days				
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter		\$90.27	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E1353	Regulator		\$105.22	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	Cannot be reimbursed with any other rental oxygen system.
		RR	\$1.24/day						

Procedure code	Description	Modifier combinations	Max fee	Copay	PA required?	Reimbursable in a nursing home?	Provider type	Place of service code	Restrictions
E1355	Stand/rack		\$67.09	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
E1372	Immersion external heater for nebulizer		\$77.80	\$3.00	Yes	No	24, 26, 44, 48, 54, 58	11, 12	
		RR	\$1.09/day		Yes, after 60 days				
E1390	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate		\$1,442.00	\$3.00	Yes	No	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1405 or E1406.
		RR, QE	\$3.40/day		Yes, after 30 days	Yes			
		RR	\$6.80/day						
		RR, QG	\$10.20/day						
E1405	Oxygen and water vapor enriching system with heated delivery	RR	\$6.80/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1390.
E1406	Oxygen and water vapor enriching system without heated delivery	RR	\$6.80/day		Yes, after 30 days	Yes	24, 26, 44, 48, 54, 58, 65, 79, 80, 95	11, 12, 31, 32, 99	Not separately reimbursable on same DOS as E1390.